

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

Institute for Legal Reform

Number and street (or P O box if mail is not delivered to street address)

1615 H Street NW

City or town, state or country, and ZIP + 4

Washington, DC 20062

D Employer identification number

52-2109035

E Telephone number

202-463-5590

F Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website ▶ www.legalreformnow.com**J** Organization type (check only one) ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

34436749.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received		1d	34339712.		
	a	Direct public support			1a	33620255.
	b	Indirect public support			1b	719457.
	c	Government contributions (grants)			1c	
d	Total (add lines 1a through 1c) (cash \$ 34339712. noncash \$)					
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2			
3	Membership dues and assessments		3			
4	Interest on savings and temporary cash investments		4			
5	Dividends and interest from securities		5			
6a	Gross rents		6a			
b	Less rental expenses		6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c			
7	Other investment income (describe)		7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8d		
b	Less cost or other basis and sales expenses	8a				
c	Gain or (loss) (attach schedule)	8b				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			9c		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)					
10a	Gross sales of inventory, less returns and allowances	10a		10c		
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
11	Other revenue (from Part VII, line 103)					
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	34436749.		
13	Program services (from line 44, column (B))		13			
14	Management and general (from line 44, column (C))		14			
15	Fundraising (from line 44, column (D))		15			
16	Payments to affiliates (attach schedule)		16			
17	Total expenses (add lines 16 and 44, column (A))		17	30298602.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	4138147.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	14068658.		
20	Other changes in net assets or fund balances (attach explanation)		20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	18206805.		

523001
02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

16271106 351881 ILR

2005.05000 Institute for Legal Reform

ILR 109

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 855601.			
26 Other salaries and wages	26 1390877.			
27 Pension plan contributions	27			
28 Other employee benefits	28 569306.			
29 Payroll taxes	29			
30 Professional fundraising fees	30 1000000.			
31 Accounting fees	31 20601.			
32 Legal fees	32			
33 Supplies	33 41337.			
34 Telephone	34 53598.			
35 Postage and shipping	35 37463.			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 31600.			
39 Travel	39 206848.			
40 Conferences, conventions, and meetings	40 82846.			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g See Statement 1	43g 26008525.			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 30298602.			

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See Statement 2

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a Create and maintain public support for legal reform, including building alliances with groups and organizations to advance the legal reform agenda.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

b Research on the impact of the legal system on the economy.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c Ensure enactment of common sense legal reform legislation and promote the selection of pro-legal reform judges and other public officials.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 12184206.	
	b Less: allowance for doubtful accounts	47b	47c 12184206.
	48 a Pledges receivable	48a 6186505.	
	b Less: allowance for doubtful accounts	48b 325000.	48c 5861505.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable Stmt 3	51a 2097037.	
	b Less: allowance for doubtful accounts	51b	51c 2097037.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	1200.	53 10.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	14068658.	59 20142758.	
Liabilities	60 Accounts payable and accrued expenses		60 1935953.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/>)		65
66 Total liabilities. Add lines 60 through 65	0.	66 1935953.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6900658.	67 9922768.
	68 Temporarily restricted	7168000.	68 8284037.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	14068658.	73 18206805.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	14068658.	74 20142758.

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	35595094.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>Revenues from Affiliates</u>	b4	1158345.
	Add lines b1 through b4	b	1158345.
c	Subtract line b from line a	c	34436749.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	34436749.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	30949443.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>Expenses from Affiliates</u>	b4	650841.
	Add lines b1 through b4	b	650841.
c	Subtract line b from line a	c	30298602.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	30298602.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Thomas Donohue 1615 H ST NW Washington, DC 20062	Chief Executive Officer 1.00	0.	0.	0.
Stan Anderson 1615 H ST NW Washington, DC 20062	Chief Operating Officer 20.00	0.	0.	0.
Lisa Rickard 1615 H ST NW Washington, DC 20062	President 40.00	838413.	17188.	0.
Stan Harrell 1615 H ST NW Washington, DC 20062	Treasurer 1.00	0.	0.	0.
Judy Richmond 1615 H ST NW Washington, DC 20062	Secretary 1.00	0.	0.	0.
Robin Conrad 1615 H ST NW Washington, DC 20062	Assistant Secretary 1.00	0.	0.	0.

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		X
c	Dues, assessments, and similar amounts from members	85c	34289005.	
d	Section 162(e) lobbying and political expenditures	85d	18823450.	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	19953403.	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-1129953.	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
90 a	List the states with which a copy of this return is filed ▶ DC			
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0	
91 a	The books are in care of ▶ Stan M Harrell Telephone no ▶ 202-463-5590 Located at ▶ 1615 H ST NW, Washington, DC ZIP + 4 ▶ 20062			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a Interest on loan					
b receivable			14	97037.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		97037.	0.
105 Total (add line 104, columns (B), (D), and (E))					97037.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Madison County	%	Newspaper		
Record - 301 N Main	%	publishing on legal		
St, Edwardsville, IL	%	reform issues		
62025 - 20-1452063	100%		86893.	16803.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Stan M. Harrell Date: 11/15/06 Type or print name and title: Stan M Harrell, SVP, CFO & CIO

Paid Preparer's Use Only: Preparer's signature: Jennifer D Rhoderick Date: 11-13-06 Check if self-employed: ☐ Preparer's SSN or PTIN:

Firm's name (or yours if self-employed), address, and ZIP + 4: Ernst and Young
5451 Lakeview Parkway South Drive
Indianapolis, IN 46268

EIN: Phone no: 317-280-3472

Form 990	Other Expenses			Statement	1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
Advertising	3456009.				
Research consulting	2097220.				
Policy consulting	9446711.				
Administrative support services	154611.				
Contributions to others	7931185.				
Contributions to affiliates	2501590.				
Temp salaries	58199.				
Bad debt expense	363000.				
Total to Fm 990, ln 43	26008525.				

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	2
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Explanation

Promotes civil justice reform through legislative, political, judicial, and educational activities at both the national and local levels.

Form 990	Other Notes and Loans Reported Separately	Statement	3
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Borrower's Name	Terms of Repayment
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Chamber of Commerce of the USA	Payable on demand
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Date of Note	Maturity Date	Original Loan Amount	Interest Rate	FMV of Consideration
03/04/05		0.	6.89%	2097037.

Security Provided by Borrower	Purpose of Loan
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Available line of credit from Mercantile Safe Deposit and Trust Company	Working Capital Line of Credit at Libor plus 2.5% 12/31 rate 6.89%
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Relationship of Borrower	Description of Consideration	Doubtful Acct Allowance	Balance Due
Affiliate with common management	Cash \$2,097,037	0.	2097037.

Totals included on Form 990, Part IV, line 51	0.	2097037.
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Form 990	Identification of Related Organizations Part VI, Line 80b	Statement	4
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Name of Organization	Exempt	NonExempt
National Chamber Litigation Center	X	
National Chamber Foundation	X	
Chamber of Commerce of the USA	X	
Center for Workforce Preparation	X	
Coalition for Reform	X	
US Chamber Foundation for Legal Reform	X	
Business Civic Leadership Center	X	
National Mass Action Defense Reform Coalition	X	
Madison County Record		X

Form 990	Part V-A Officer Compensation from Related Organizations	Statement	5
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<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
Thomas Donohue	2118727.	18607.	0.

<u>Name of Related Organization</u>	<u>Employer ID Number</u>
Chamber of Commerce of the USA	53-0045720

Relationship Between Organizations

Affiliate with common management

Compensation Description

<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
Stan Anderson	200000.	0.	0.

<u>Name of Related Organization</u>	<u>Employer ID Number</u>
Chamber of Commerce of the USA	53-0045720

Relationship Between Organizations

Affiliate with common management

Compensation Description

The US Chamber of Commerce paid \$725,007 to McDermott, Will & Emery, PO Box 7247-6751, Philadelphia, PA 19170-6751 and \$50,000 to Global USA Inc. 2121 K St NW, Suite 650, Washington, DC 20037 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual.

<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
Stan Harrell	390123.	20998.	0.
<u>Name of Related Organization</u>		<u>Employer ID Number</u>	
Chamber of Commerce of the USA		53-0045720	
<u>Relationship Between Organizations</u>			
Affiliate with common management			
<u>Compensation Description</u>			

<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
Judy Richmond	157620.	8185.	0.
<u>Name of Related Organization</u>		<u>Employer ID Number</u>	
Chamber of Commerce of the USA		53-0045720	
<u>Relationship Between Organizations</u>			
Affiliate with common management			
<u>Compensation Description</u>			

<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
Robin Conrad	222361.	14663.	0.
<u>Name of Related Organization</u>		<u>Employer ID Number</u>	
National Chamber Litigation Center		52-1085809	
<u>Relationship Between Organizations</u>			
Affiliate with common management			
<u>Compensation Description</u>			

Institute For Legal Reform
Statement 6
Form 990 Part VI Item 90b
EIN: 52-2109035

Have consolidated payroll where all employees are employees of an affiliated organization, the Chamber of Commerce of the USA. The salaries expense is the portion chargeable to ILR.

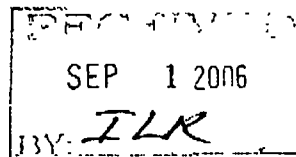
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U.S. CHAMBER INSTITUTE FOR LEGAL REFORM
December 31, 2005

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Mr. Samuel K. Skinner
Ms. Mary H. Terzino
Mr. Lee M. Thomas
Mr. Mark Treanor
Mr. James Turley



Form 8868 (Rev. 12-2004)

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- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Institute for Legal Reform	Employer identification number 52-2109035
	Number, street, and room or suite no. If a P.O. box, see instructions. 1615 H Street NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20062	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Stan Harrell**
Telephone No. **(202) 463-5590** FAX No. **(202) 463-5311**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **November 15**, 20**06**.
- 5 For calendar year **2005**, or other tax year beginning _____, 20____ and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **We need additional time to gather the required information to file a complete and accurate return.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Stan M. Harrell** Title **SVP, CFO & CIO** Date **8/1/06****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have **not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have **not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)